

# The Health Care Monitor

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We salute Chief Petty Officer Roger M. Chrappa, USCG, health services tech, clinic administrator and HBA for Air Station Port Angeles as the DOD TRICARE Hero of the month. (USCG Photo)

## TRICARE Northwest

### NHOH bids farewell to Capt. Tracy

By Sara E. McGruder  
**Naval Hospital Oak Harbor**

A change of command ceremony took place June 22 in front of Naval Hospital Oak Harbor (NHOH). Capt. Donald W. Jensen took the helm from Capt. John E. Tracy.

Tracy has com-

manded the hospital since July 1999. Under Tracy's leadership the hospital underwent a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) inspection in which Naval Hospital Oak Harbor achieved accreditation for demonstrating compliance with the Joint Commis-

sion's nationally recognized health care standards.

Tracy, his wife Patty and son Matt left for Newport, Rhode Island, where he will be a faculty member at the Command Leadership School.

Tracy was able to foster an environment

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### Pilot physician takes charge of 62nd MG

By Susie Stevens  
**Office of the Lead Agent  
TRICARE Northwest**

A change of command ceremony was held June 19 for the 62<sup>nd</sup> Medical Group outside its new clinic. Col. Suzanne R. Hansen gave an emotional farewell speech to the troops before leaving for her new

assignment to Keesler AFB, Miss., to command the 81<sup>st</sup> Medical Operations Squadron.

Col. Byron C. Hepburn accepted the Group command flag signifying his tour of command had begun. Hepburn came to McChord from Ramstein Air Base in Germany where he

served as commander of the 86<sup>th</sup> Aerospace Medicine Squadron. He distinguished himself in the Air Force among an elite group of pilot physicians. He graduated from Air War College in 1999.

Joining Hepburn is his wife Debora.

The highlight of

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# High marks for Bremerton

By Judith Robertson  
**PAO Naval Hospital  
Bremerton**

**BREMERTON**—With the dedicated efforts of the entire hospital team—military, civilian, contract and volunteers—the facility achieved accreditation in December by the Joint Commission on Accreditation of Healthcare Organiza-

tions with a near perfect score of 98 out of 100.

A hospital site survey is conducted by a JCAHO survey team at least every three years. Statistics indicate that of all hospitals surveyed nationwide in 1999, the average score was 91. Only 6 percent scored 98 or better.

The Joint Commission was founded in

1951 and has the mission to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services.

In a letter to hospital Commanding Officer Capt. Christine Hunter, JCAHO Executive Vice President Russell P. Massaro, MD,

wrote, "This accreditation status applies to all services offered by your organization that have been surveyed by the Joint Commission, including your hospital based substance abuse treatment services. We congratulate you on your efforts to provide high quality care for those you serve."

## Medics combat bacteria during Cobra Gold

By JO2 (SW) Dave Hites  
**Army News Service**

**PHITSANULOK**, Thailand (May 21, 2001) —Along with the operations, movements and war games associated with the joint-combined exercise Cobra Gold, there is a not so glamorous real-world study taking place.

Army and Navy investigators are working to develop a more effective treatment to combat the *Campylobacter* bacteria, the most prevalent bacteria in Thailand that causes diarrhea.

Cobra Gold 2001 is an exercise involving forces from the United States, Thailand, and

cise along with units from the 25<sup>th</sup> Infantry Division (Light), Hawaii.



Singapore. Troops from the I Corps based at Fort Lewis are among the troops participating in the exer-

Between 30 to 40 percent of personnel who participate in the exercise report having had at least one day of diar-

rehea during the exercise, said David R. Tribble, head of Enteric Diseases, Clinical Studies at the Naval Medical Research Center in Silver Spring, Md.

To combat the bacteria the Diarrhea Surveillance and Treatment Team, working with Medical, has set up an extensive lab to study the bacteria during Cobra Gold for several years now. Treatment is becoming more difficult because of the bacteria's increased resistance to antibiotics.



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Hansen's tour came in October when Region 11 began a pilot project under the guidance of Brig. Gen. Kenneth L. Farmer, Jr., lead agent TRICARE Northwest. "Our TRICARE service area is at the forefront of this initiative and our goal is to provide the best medical service to our region regardless of one's service affiliation," Hansen said. For the first time in her military career, each service is working together rather than independently to achieve excellence.

From a historical perspective the 62<sup>nd</sup> Medical Group evolved from a variety of unit designations beginning with the establishment of the Air Force in 1947, the McChord Field Hospital became the 1602d USAF Dispensary. Then as a result in 1967, the services provided by the unit expanded with the addition of a new Dental Clinic building. Three years later, the 1602d USAF Dispensary was deactivated, and in its place the USAF Dispensary, McChord, was activated. This was short lived, and in 1972, the USAF Dispensary,

McChord was redesignated the USAF Clinic McChord. Prompted by the reorganization of the Air Force, establishing the Air Mobility Command, the USAF Clinic became the 62d Medical Group in June 1992.

Hansen assumed command of the Group just in time to conduct the groundbreaking ceremony for the new facility. Uniting the

1980s and designed to last five years. Well, it took 20 years, but finally a new clinic consolidated clinical services under one roof. Hanson accomplished the move to the new facility in just two days.

Through all the changes, the 62d Medical Group has provided continuous support to what is now the 62d Airlift Wing. Currently the Medical Group supports a population of about 12,000 active duty, retired and family members. The Group's mission ensures maximum wartime readiness by being prepared to mobilize and deploy medical support for Air Force operations worldwide.

Hansen explained that her most important role as commander was to communicate the message of how valuable her employees are to the success of delivering quality health care. "I wanted employees to feel like a family", she said.

Her main focus was always on her employees. She was sure how a commander treats her

employees would be the way her staff would treat patients.

She recalled that her employees enjoyed seeing her make her daily rounds and often said that they saw her as a mentor and teacher.

A few highlights of her tour of duty included when the Air Force Mobility Command and the 62<sup>nd</sup> Air Wing's recognized two of her workers as being the best pharmacists in the Air Force. Another was when the clinic achieved a perfect score of 100 when the College of Accreditation for Pathology CAP came for its biannual inspection.

Another first for the facility under her watch as commander was the addition of a Pediatrics Clinic. The addition required not only additional staffing and training, but also the purchase of specialized equipment. It also added certain other requirements such as the need to stock 150,000 doses of child immunizations and stock children's pharmaceuticals. The Pediatrics clinic's goal is to serve its local population of about 3,000 children and offer one-stop customer service.



**Col. Byron Hepburn assumes command of the 62nd Medical Group as he takes the group's flag from Col. Paul Selva, 62nd Airlift Wing Commander (left).**

staff initially presented an immediate challenge. Employees were accustomed to working in separate buildings constructed in the

# Better business practices improve patients' health

By Chris Hober  
Office of the Lead Agent  
TRICARE Northwest

TRICARE Northwest has, time and again, broken new ground in providing military health care, initiating the TRICARE Program, the Geographically Separated Unit (now TRICARE Prime Remote) Program, and the TRICARE Senior Prime Program ahead of other TRICARE regions. It shouldn't come as a surprise, therefore, that even as Army Secretary Thomas White announced recently that the Army planned to shift to optimal business practices to cut costs and increase efficiencies, TRICARE Northwest was already implementing lessons-learned from the first-ever Tri-service training course to instruct military hospital and clinic Primary Care teams on how to optimize their business practices.

TRICARE Northwest Population Health Management Director,

Lt. Col. John Meyer, who initiated the course, explained that the scope of the five-day Primary Care Re-engineering (PCR) Course was unprecedented even in civilian practice. "The civilian sector does not have courses that employ all of the elements of ours," he said. "We're beginning to see the development of such courses, but they are

tation at their respective facilities and to follow-through and report on their progress to the TRICARE Northwest Lead Agent, Brig. Gen. Kenneth L. Farmer, Jr.

"We are still, to a large degree, operating as an episodic care business," Farmer related, whereby military beneficiaries simply come in for care when they are sick or

crease capacity within our facilities by working smarter, and add value to the care our patients receive. That means monitoring every visit at every clinic every day to make the most of every appointment and every person involved," he said.

"The real deliverable," Meyer added, "is a healthier population," and he speaks from experience. Before coming to TRICARE Northwest, he directed population health management at Nellis Air Force Base, and proved that Primary Care Re-engineering can work. Those providers who trained there transitioned over a five-month period from 80% of their patients not being seen by their primary care team to virtually all of their patients going to the team.

Accordingly, he tapped on Air Force expertise in developing the course, requesting the services of Air Force Lt. Col. Lei Jones, TRICARE Manage-



just not there yet."

Unlike other courses that simply teach practices and principles with the action steps left to course attendees to implement on their own, for example, the PCR Course required all attendees to develop an action plan for grass-roots implemen-

injured and the military provider treats the condition or ailment. "We must change the way we do business to develop primary care teams that know who makes up their panel of patients and the status of their health care so that they can proactively manage their care. We need to in-

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ment Activity, who had run the Air Force Primary Care reengineering course developed last year, to come here to facilitate the TRICARE Northwest instruction. She brought with her eight Air Force instructors, all of which had at least three years experience doing the things taught in the course. They were supplemented with six associate instructors from Madigan Army Medical Center, plus two others from the Army outside the region.

Over two sessions held in April seventy one providers, nurses and medical administrators from throughout TRICARE Northwest attended. These individuals were, as Farmer put it, “seed corn for cultivation” acting both as course trainees and subsequently as PCR trainers for other staff at their

respective facilities. In addition to their PCR deployment action plan course deliverable, they were challenged to implement the plan at their facilities in conjunction with their respective command leadership.

Those efforts are already coming to fruition at the facilities. “There was an immense amount of enthusiasm when people were presenting their draft plans,” Meyer said. “They were excited and anxious to go back and implement the lessons learned in the course.” Progress metrics have been developed to measure program success, and train-the-trainer activities are already ongoing at some facilities. The program for the Madigan Family Practice and Internal Medicine Clinics are underway, and the Everett Clinic, which supports

the Navy fleet there, will be up and running in August, for example.

As their efforts continue, all of the primary care teams at those facilities will be able to identify the needs of their patients and provide the tools for necessary interventions, whether it is condition management of asthma sufferers, for example; clinical preventive services for patients, such as needed tests; or case management of an individual patient’s illness. “More people will be engaged and working together to identify those who would otherwise slip through the cracks,” explained Meyer.

But the reengineering is more than that. It defines the roles of all of the team members in relation to the PCR effort and in relation to managing their panels of patients. It incorporates time and project

management principles, and provides feedback with which to improve clinical and clinician performance. It incorporates staffing management and a focus on customer satisfaction.

As Farmer explained, “It’s not just about health care; it’s about the quality of care; customer service; good stewardship; good business practices; and working cooperatively with our managed care support contractor.”

For Meyer’s part, following twenty years of military physician practice, he states, “This was one of the most exciting things I’ve experienced in the last five years of doing population health management. It gives me hope and energy to observe these kinds of efforts coming into fruition.”



**Deni Lee, mammographer at Naval Hospital Bremerton is congratulated by Capt. Walt Crowley, head of Radiology, for her selection as the Five Star Service Employee. Staff members are nominated for excellence in customer service by patients or coworkers on comment forms available throughout the hospital. (U.S. Navy Photo)**

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where an empowered staff demonstrated leadership. This resulted in setting a standard of excellence in the delivery of health care services to customers.

Jensen, MC, was born in Grand Island, Nebraska. Enrolling in the United States Naval Academy in the summer of 1971, he graduated with a Bachelor of Science degree in June of 1975. He then matriculated to the University of Nebraska College of Medicine, where he graduated with a Doctor of Medicine in May 1978. He followed with an internship at the Naval Regional Medical Center, San Diego, CA completing his studies in June 1979.

After attending Field Medical Service School at Camp Pendleton, CA, he served as the Battalion Surgeon, 3<sup>rd</sup> Battalion/9<sup>th</sup> Marines, Okinawa, Japan from Aug. 1979 to Sept. 1980. He returned to Naval Hospital San Diego from Sept. 1980 to September 1983 to complete a residency in Radiology. He became board certified in Radiology in June 1983 through the American Board of Radiology.

Jenson and Tracy have served

together since 1999. His new duties as Commander will not be too different. He formerly served as the NHOH executive officer.

Jensen indicated what his expectations are: "This will be a genuine experience, a challenge, but yet a great opportunity."



Capt. John E. Tracy changes the watch with Capt. Donald W. Jenson to command Naval Hospital Oak Harbor.

He mentioned that the staff may see some differences in the style of leadership but the direction and purpose that they (CO/XO) put into place will continue with

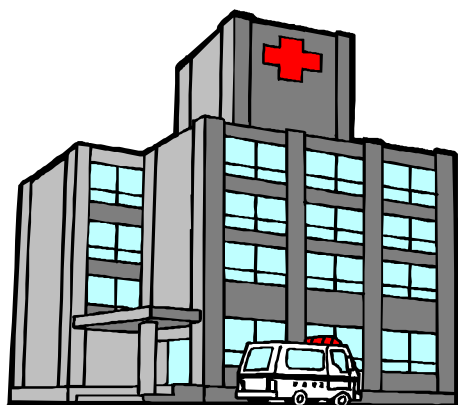
course changes as needed to keep the goals on line. Jensen believes in dealing with issues with a sense of humor and having faith in the members of the crew.

As Executive Officer, Jensen felt the biggest challenge was keeping everyone moving forward. When asked what he planned to do differently he replied, "Nothing differently, really because Tracy has involved me fully in every aspect of our tour here so the road map is both of ours."

Jensen has had many subsequent duty assignments. Most recently he served as director of clinical support services in Bremerton from 1994-1999.

Jensen's awards include the Meritorious Service Medal, Navy and Marine Corps Commendation Medal with two gold stars, Navy Unit Commendation Medal, Meritorious Unit Commendation Medal, and various service awards.

Jensen is married to Diana Louise Holst Jensen and they share three children- Donna, Denise, and Donny.



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